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Original Communications.

AN ENORMOUS MASS OF DISEASE, FORMED BY CANCEROUS DEGENERATION OF THE KIDNEY, IN AN INFANT.

By C. F. GEORGE, M.D., of Centerville, Mass.

On the 12th of January, I was called to see the patient, female, aged 17½ mos. Found her pale, considerably emaciated, irritable and restless; sleep disturbed; appetite variable; bowels constipated. Urine apparently natural as to color and quantity; no pain on passing it. In the left hypochondriac region was a tumor, extending from under the ribs downward and forward to within an inch and a half of the umbilicus, attached at its upper extremity and movable at its lower. It seemed about the size of a large goose-egg, was not painful on pressure, and there was no fluctuation. A little bulging of the side; none backward.

The previous history of the case was—whooping cough at three weeks of age; measles at one year; otherwise she was apparently as healthy a child as usual of that age. About the first of last November she was weaned, and from that time the mother dates the first symptoms of failure. These were mainly variable appetite, constipation, irritability and restlessness, with gradual loss of flesh. The mother first discovered the tumor on the 1st of January.

After I saw her, the appetite improved, the bowels became more regular, and she slept better; but still some irritability remained. January 24th, and during my absence, Dr. J. M. Smith was called. The tumor then extended to the umbilicus, and was larger laterally. About this time she had a slight febrile movement, and some difficulty in passing urine, which was scanty and high colored. This passed off in three or four days, and the child seemed about the same as before.

February 10th and 17th, Dr. Pineo saw the case. The child was pale and emaciated; appetite failing; bowels quite regular; urine natural (apparently); tumor in-

creased in size, not fluctuating, but slightly tender.

From this time the appetite continued to fail; bowels became a little constipated; irritability increased; patient restless, and at times seemed to suffer a little pain. Urine freely passed, and without difficulty. Tumor rapidly increased. About the first of March, slight fluctuation in the right side was discovered. Feet, legs and face became oedematous, though at no time was the swelling very great. Still pale (white) and losing flesh. After this she rapidly failed, and died March 12th, of exhaustion (seemingly), and without distress or pain.

On examination, the emaciation was extreme. Abdomen enormously distended; sides bulging out, and somewhat backward. Two or three ounces of fluid in the cavity; and the tumor occupied nearly the whole space, with some slight adhesions of the peritoneum, but not enough to indicate much inflammatory action. The tumor extended from under the left ribs to the brim of the pelvis. The liver, spleen and stomach were pushed upward; and the pancreas and transverse colon were quite firmly attached to the upper extremity of the mass. The descending colon was pushed forward and inward, so that it occupied the median line immediately under the anterior walls of the abdomen. The small intestine was crowded into the right iliac region. The mass was found to be the left kidney; it weighed 5 pounds and 15 ounces when first removed. The bowels were empty. The right kidney seemed natural, as also the liver and spleen. The lymphatic (mesenteric) glands were a little enlarged. On making an opening in the tumor, a considerable quantity of fluid escaped.

Family History.—Paternally, the whole family are more or less scrofulous. Maternally, family healthy; no constitutional disease, excepting a "traditional cancer" three generations back.

The diseased mass was carried by Dr. G. to Dr. Pineo, of Hyannis, who sent it to Dr. Jackson in an entire state and perfectly fresh, excepting the puncture made by Dr.

G. Dr. J. showed it to the Society for Medical Improvement, and he and Dr. Coolidge gave subsequently the following description:—

"The mass was of an oval form; $8\frac{1}{2}$ inches in length, $6\frac{1}{2}$ inches in width, and 5 inches in thickness; weight, 5 lbs. $3\frac{1}{2}$ oz. Upon one surface there were the remains of the kidney, about two inches in extent; and, including this, was a somewhat defined, oval, superficial patch, about $6\frac{1}{2}$ inches by $2\frac{1}{2}$ inches in extent, and that strongly suggested the idea of a connection with the original outline of the organ. Around this patch the surface was lobulated, and radiated in appearance, but upon the opposite surface it was much more even. The irregularity was much more apparent after a fibrous envelop had been stripped off that was quite marked for the most part, and moderately adherent by a lax tissue, though less so to the patch above referred to than to some other parts. Towards the surface where the patch was, and throughout nearly one half of the whole mass, the structure was white, not vascular, had a pearly translucency, and was softer than foetal brain, with an appearance as if it were infiltrated with a rosy fluid. The remainder was much firmer, and evidently contained more or less connective tissue, the softer and firmer portions passing gradually into each other. This last was also stained by blood, and in some parts quite deeply, though no free clots were found. There was also a small serous cyst in this firmer portion. The portion of kidney above referred to was perfectly healthy in appearance; and, on incision, there was found, within, a well-marked pelvis that could be traced for three or four inches, and infundibula arising from it, with portions of the renal substance that had undergone more or less the cancerous transformation. There were also found in distant parts, but upon the surface of the mass only, several small, insulated remains of perfectly healthy renal substance, about three or four lines in diameter.

Under the microscope, the soft substance which constituted so large a part of the disease consisted of innumerable, roundish cells, not varying much in size or form. They had large nuclei, and were embedded in a soft, streaky, rosy mass. At the end of a week, the specimen not having been preserved in any way, the nuclei alone were visible; the substance of the cells having become undistinguishably fused with the mass in which they were."

TEDIOUS LABOR; INCISION OF OS AND CERVIX UTERI.

By JOHN L. SULLIVAN, M.D., Malden.

Mrs. F. D., aged 25, primipara, well formed, muscular. Labor pains first felt on the evening of 10th inst. When examined, at 9, P.M., of the 11th inst., os was found too small to admit the point of the fore-finger; presentation probably cephalic; pains light, but regular, recurring at intervals of fifteen minutes; passages moist, cool; perinæum relaxed.

12th, 9, A.M.—Pains all night, preventing sleep; os unchanged. During the day slight, bloody show; membranes ruptured; waters discharged.

11, P.M.—Os dilated so as barely to admit fore-finger; head presenting; pains every five minutes, and severer; patient fatigued and somewhat desponding. Opium (grs. iij.) administered.

13th, 9, A.M.—Slept "by snatches" during night; pains every three or five minutes; slight thirst; no appetite. Warm hip bath, enema per rectum, tartar emetic *ad nauseam*; warm vaginal douche proposed, but objected to.

10, P.M.—Pains increasing; head descending through pelvis, driving uterine neck before it; no farther dilatation; os very rigid. With difficulty, a No. 1 Barnes's dilator introduced and inflated. Pains very severe; dilator removed after an hour. Os dilated to about the size of half a dollar, still rigid; presentation readily diagnosed r. o. c. Largest sized dilator introduced, followed by very frequent and severe uterine contractions. Dilator removed in half an hour. Os two inches in diameter; edge like whip-cord.

14th, 1, A.M.—Dilator introduced and fully expanded. Pains violent and almost uninterrupted.

1 $\frac{1}{2}$, A.M.—Dilator removed. No permanent increase in dilatation of os, which seemed to contract like India-rubber on removal of dilator. Patient's condition still good; passages moist; tongue ditto; abdomen not tender; uterine contractions regular and quite forcible. Determined to leave the case to nature until symptoms of constitutional irritation should supervene, rendering farther assistance indispensable to the safety of mother or child, or of both.

10, P.M.—No progress towards delivery. Os rigid and undilatable as ever; uterine neck swollen and cedematous, pitting deeply on pressure; pains frequent, powerful and agonizing; passages dry and hot; abdomen tender on pressure; tongue dry and

burning; thirst urgent; pulse frequent and hard. One ounce of dark-looking urine drawn by catheter.

It was clear that the safety of mother and child depended upon speedy delivery, and that this could not be effected without assistance. Forceps or incision of the os uteri were the operative measures which suggested themselves. In view of the difficulty of drawing the head through the swollen and unyielding cervix, and the fatal consequences that might ensue from failure in the attempt, the latter alternative, incision of the os, was chosen. The blade of a hernia knife was carefully introduced between the fetal head and the cervix uteri, in the interval between the pains. As soon as the uterine contraction occurred, an incision was made upon the anterior lip through the os and cervix, to the depth of about an inch and a half, care being taken to carry the division of the uterine fibres deep enough to insure the ready passage of the head, and thus obviate in some degree the danger of laceration. This procedure was followed by a discharge of some fluid blood and several large coagula, which relieved the oedematous condition of the neck. Several short and hesitating pains succeeded, as if the womb, startled by some unusual occurrence, had paused to reconnoitre; then came a prolonged, expulsive effort, and the child's head passed fairly through the os, distending the perineum.

The termination of the labor was easily accomplished, and in less than half an hour a full-term male child was delivered. Unfortunately it had cyanosis, and in consequence survived only twenty-four hours. The mother experienced no untoward symptoms, either from the tediousness of the labor or the means employed for her relief, and is now (March 31st) convalescent. Duration of her labor, 102 hours.

In a few minutes after the birth of the child, the uterus, aided by very moderate pressure over the fundus, contracted firmly, expelling the placenta. The binder having been applied, a vaginal examination was made, to ascertain the condition of the cervix. A shallow notch marked the place where the incision had been made. There was no subsequent hemorrhage, the lochia being even less profuse than usual.

With reference to the foregoing operation, Dr. Murphy, in his Lectures on the Principles and Practice of Midwifery (Second Edition), pages 246 and 247, observes: "If these means fail, it becomes a question whether we should wait for the death of the child, in order to remove it by the

crotchet, or incise the unyielding cervix. The former practice involves a sacrifice of life, but generally secures the mother from the injurious effects which may follow. The latter may be the means of preserving the child; but if the incision lead to a laceration of the uterus, the mother is at once placed in imminent danger of her life. The fear of such a consequence, it appears to us, has prevented any attempt from being made thus to cut through this Gordian knot of difficult labor in its first stage; but whether this, like other operations, is only surrounded by chimeras of the imagination, which some bold spirit will dissipate, remains yet to be proved. Incision has been performed without accident; the same may happen again, and we confess, in a case such as we have described to you, we should be more disposed to adopt the shorter course, in the hope of saving the child, than to wait until its death enabled us to remove it. *This, however, is but an individual opinion, and needs support.*"

He adds the following in a foot-note:—

"Since these observations were first written (1845), several cases have been recorded in which the cervix has been incised, the child saved, and no mother lost. *Vide* Mr. Tweddle's case (*Guy's Hospital Reports*, vol. iv. p. 119); Mr. Butler's (*Medical Gazette*, vol. xx. p. 589); Dr. Buckminster's (*American Quarterly Journal*, October, 1847); Dr. Pagan's (*Edinburgh Monthly Journal*, August, 1854, p. 172).

He refrains, however, from commenting upon these cases, expressing no opinion whether in his judgment incision of the cervix uteri should be included in the category of legitimate operations.

"Multiple incisions upon the neck" are recommended by Cazeaux, who asserts that "they render consecutive laceration far less probable than would a single incision." He adds:—"Very rarely will it be necessary to make them more than half an inch long, while they may be often less than this; for it is the almost universal practice to be content with cuts of from three to four sixteenths of an inch in depth only, around the circumference of the orifice. The lateral parts of the neck should be chosen for the incision, though, if necessary, they may be made upon the anterior lip, and, lastly, upon the posterior lip."

While not presuming to place our humble opinion in opposition to that of the distinguished obstetricians just quoted, we must confess that we are at loss to perceive the advantage of "multiple incisions" when one will prove equally safe and effi-

cient. It seems to us that, when practicable, a single incision should be made sufficiently free to ensure the easy escape of the head. If this be done, it is difficult to conceive why a consecutive laceration should occur. Indeed, both experience and reflection have convinced us that, when the incision is properly made, the danger of such an accident must be very small, if not purely hypothetical.

On the other hand, if the incision be not carried deep enough to accomplish *per se* the desired object, viz., the liberation of the head, it is difficult to understand why laceration should not take place, especially if the subsequent pains be violent and prolonged, as they naturally would be, excepting in cases of exhaustion, either general or of the uterus alone.

If the uterus were contracting vigorously, a laceration of greater or less extent would be very likely to ensue, when the obstacle to the advance of the head had been only partially removed by a timid and inefficient use of the knife. It is easy to comprehend how a slight cut or nick in the cervix might weaken its power of resistance at that spot, and thus become the point of departure of a dangerous, if not fatal laceration. This is certain—the depth to which an incision is carried is wholly within the operator's control; the extent to which laceration may take place lies wholly beyond it.

It seems to us, therefore, that if the knife is to be used at all, it should be used *freely*, so that when the uterus again contracts forcibly it may meet with little or no resistance from its own tissues to the descent of the fetal head. Should it appear that a sufficiently free incision could not be made through one lip only without endangering the integrity of the intra-uterine or of the abdominal structures, we are aware of no anatomical nor surgical reason forbidding the division of both the anterior and posterior lips, either at corresponding points of their respective segments, or at whatever point in each the greatest impediment seems to exist.

Such is the method, founded, as it appears to us, on rational and obvious principles, which we would submit for the guidance of the practitioner, or commend, at least, to his attentive consideration whenever it is proposed, in the language of Dr. Murphy, "to cut through this Gordian knot of difficult labor."

In the case we have detailed, we are persuaded that had we waited for "the death of the child in order to remove it by the

crotchet," the mother would probably have perished also. Nearly equal danger to both would have attended the use of the forceps; and, had these failed, there would have remained no alternative but craniotomy, performed under circumstances highly unfavorable to the mother.

It remains to notice the possibility of dangerous hæmorrhage occurring as a consequence of the free incisions we have recommended, let it be understood, in exceptional cases only. We can conceive that such an accident might result, 1st, as a very rare coincidence, from the patient's possessing the hæmorrhagic diathesis or idiosyncrasy. 2d. Inertia uteri, spontaneous, or following anaesthesia from ether or chloroform, might give rise to flooding dangerous in itself, and rendered more so by the additional loss of blood to which incisions under these circumstances might give rise. As a precaution, therefore, just before the operation is performed a full dose of ergot might with propriety be administered, unless the patient were a primipara, or the medicine otherwise contra-indicated. And even in a first labor, should the uterine contractions have become feeble and infrequent, or have ceased altogether, and an evident necessity existed for stimulating the womb, ergot in small and tentative doses might be resorted to. It should be borne in mind, however, that ergot in such a case would be inadmissible unless it were evident that delivery could be effected before there had been time for its absorption. An attentive examination of the perineum and external parts will enable the experienced practitioner to determine with sufficient accuracy the probable duration of this stage of the labor. If ergot is contra-indicated, opium, given in small and repeated doses, will prove a uterine motor-stimulant, to the good effects of which we can testify from long experience. Small as the danger probably is of any considerable hæmorrhage arising from incision of the cervix, our own judgment would be decidedly against the performance of this operation unless the uterus were contracting regularly and with power sufficient effectually to close the divided vessels.

NEW EDITORS OF THE ST. LOUIS MEDICAL REPORTER.—Drs. W. M. McPheeters and G. M. B. Maughs succeed Dr. O. F. Potter in the editorial management of the *St. Louis Medical Reporter*. In future this Journal will be published monthly, instead of twice a month, as in the past.—*N. Y. Med. Rec.*

SPONTANEOUS CURE OF TUMOR DURING PREGNANCY.

By DAVID RICE, M.D., Leverett, Mass.

ABOUT one year ago, I was consulted in regard to a tumor, situated on the base of the lower jaw, by Mrs. J. H., of Shutesbury. Mrs. H. is a married lady, aged about 24, of a good constitution, and generally healthy. I was called not only to examine the tumor, but for the purpose of removing it with the knife. Mrs. H. had shown it to several other surgeons, who advised her to have it removed at once. The tumor was about the size of a hen's egg, very hard, but slightly movable, and evidently not attached to the bone. It gave her some trouble, causing pain by pressure on the surrounding parts. In removing it, it would be necessary to ligate the inferior maxillary artery, and the operation for that reason would be quite a nice one. She had up to this time tried no local applications, and I advised her to wait and try the effect of such applications.

I gave her the tinct. of iodine, and directed her to apply it thrice daily. She tried the application as directed, but received, as she says, no benefit. I did not see the lady again until a few days ago. She called at my office to have a couple of teeth extracted. She brought along with her an infant, about two months old. Imagine my surprise on beholding that the tumor had disappeared. I found, on questioning her, that about four months after she became pregnant, the tumor began to disappear, and in a few weeks, eight or ten, she said it had entirely vanished! Nothing had been done in the meantime, by local or general means, to effect a cure. It was entirely spontaneous.

Here is a nut for physiologists to crack. Did the pregnancy, by counter growth, invite the vital forces so powerfully in behalf of the young being, as to produce the absorption of the tumor? Was it removed by the agency of counter irritation? Or did the pregnancy evolve some new principle in the blood, in itself curative. Did it disappear for want of nutrition, the fetus requiring what the tumor needed for support? Will the child be more apt to inherit the growth hereafter? Will it be likely to reappear again in the mother? Have physicians often observed such cases in their experience? I would be glad to learn the views of medical gentlemen on this interesting case.

April, 1869.

THE PATHOLOGICAL ANATOMY OF SURGICAL STUMPS.

By Dr. CHAUVEL (Army Medical Staff).

Translated for the Journal from the Archives Générales de Médecine for March, 1869, by D. E. CORNELL, M.D., of Roxbury.

(Concluded from page 238.)

We may now ask what is the mode of formation of these protuberances, and what causes tend to their development. M. Hutin gives the following explanation:—"the nascent tubercle is either formed by the crowding back of the nerve-substance into the neurilemma as the latter is drawn upon by the cicatrix, to be afterwards augmented in volume by the addition of adipose matter; or else it is due to increased thickness of the cicatricial tissue, which continues to expand between the several nerve-threads within the common neurilemma."

This explanation appears to us very reasonable and perfectly admissible. We believe, however, that he is describing a mere phenomenon of inflammatory irritation, especially when we take into account the considerable development of fibrous tissue in the extremity of a stump. Divided muscles, vessels and nerves undergo a certain degree of inflammatory irritation during cicatrization, and this irritation induces hypergenesis of the connective tissue. There is not, nor can there be, a direct union between the extremity of a divided nerve and the adjacent tissues; but perhaps the development of a neuroma may be proportionate to the latent irritation which always remains, for a longer or a shorter time, in the extremity of an amputated member. We would like to study this cicatrization of nerves at successive periods, to ascertain at what time the protuberances arise, and at what moment they cease to grow, but as yet we have met with stumps of long standing only. Hypergenesis of the connective nerve-tissue, of the neurilemma, and of the perineuron, is, in our opinion, the primary cause of the formation of these neuromata. The nerve-tubes are thus distributed in bundles through the new tumor, and remain there without alteration.

Craveilhier asks if friction and pressure, to which the extremities of the nerves in a stump are almost inevitably exposed, are not the active cause in the development of traumatic neuromata.

Analyzing in this point of view our eleven amputations of the thigh, we see that of seven who used the stuffed long peg, six presented very large neuromata of the sciatic. Of the four who used crutches, two only had medium-sized neuromata, and two

almost nothing. It would appear from these facts that when the stump was wholly free, there was much less tendency to the production of neuromata. Although the peg, in fact, ought not to take its bearing at the stump if properly stuffed, still there is an evident necessity, in order to make walking easy or even possible, that the periphery of the thigh should be in contact with the apparatus. Hence a certain dragging and a pressure which tend to force back the soft parts towards the axis of the member. If, on the contrary, a badly made apparatus allows a displacement of the stump at each movement, the chafed parts soon become painful, and walking impossible. All these inconveniences of the peg are increased necessarily when the remaining portion of the limb is very short, for which reasons two of the three whose thighs were amputated at the upper third, used crutches exclusively. But why in amputations of the leg, when the patient used a peg (pilon) which left the stump entirely free; in disarticulations of the shoulder, where the stump was not enclosed in any apparatus, for our patients seldom used any in these cases; why were these neuromata, then, as one may truly say, constant and almost always very large?

Even if the extremities of the nerves were found englobed in common fibrous tissue merely, still some authors would insist upon the influence of pressure. But even in this our facts appear contrary to such hypothesis. The neuromata were most commonly wholly free, in the midst of other parts, and buried in very loose large-celled cellulofatty tissue. We must therefore seek another cause, and one whose action may be as constant as the effect attributed to it.

May we see in the formation of such tumors a provision of nature for the protection of the ends of the divided nerves? To justify such an hypothesis the nerve should be enveloped in this fibrous shell entire, and not separated into bundles diverging into connective tissue. And further, such a fibrous crust would rather produce the opposite effect, for the extremity of a nerve free in the midst of soft parts, would escape with greater certainty the action of foreign bodies than a large, hard, and elastic tumor, offering a greater resisting surface.

We conclude, then, that the development of neuromata is due to inflammatory irritation which follows the operation and accompanies cicatrization, but that subsequent pressure and friction are not without influence on their enlargement. It is to this latent and prolonged irritation that we must

attribute the hypergenesis of connective tissue which constitutes neurilemma. The nerve-fibres undergo no alteration.

State of the Bones.—The opinions of Larrey, Hutin, and Legouest, were cited above, in our History of the subject. We proceed with our own conclusions.

The primitive phenomena which follow a section of a healthy bone are those of slight ostitis, with increased vascularity; the formation of fleshy projections; and more often an exfoliation of superficial layers from the surface of the section. Then the fleshy projections develop, run together, and, becoming calcareous, form osseous beds which close up the medullary canal opened by the operation.

Often at an autopsy of a stump the bone no longer exhibits a natural condition. But a distinction must be made between amputations in contiguity and those in continuity. In the first instance the bone, not submitted to traumatic lesion, takes on only that degree of inflammation which is necessary to remove its articular cartilage, and to contract adhesions to the neighboring parts. It is this indispensable elimination of cartilage, sometimes a very slow process, that greatly retards cicatrization in these operations. The subcartilaginous parts of the head of the bone alone inflame, and the epiphysitic periosteum remains sound, if all proceeds as desired. This process being finished, the head of the bone becomes atrophied with the soft parts, sometimes to such a degree that it is said that the femur has been known to terminate in a point, after disarticulation at the knee, and thus to render the use of ordinary artificial apparatus very difficult.

As to disarticulations, we have had chiefly stumps at the shoulders to examine, and all of long standing. In all four, the stumps were well nourished, and the shoulders were not sensibly atrophied. In three the shoulder-blade was natural. In one alone the glenoid neck was sensibly flattened, and slightly reduced in size. The only constant modifications were of the glenoid cavity. We always found it deprived of its articular cartilage, flat, or slightly convex instead of concave, and covered with a fibrous tissue not adherent to the cicatrix. The glenoid fibro-cartilage had disappeared, or become confounded with the fibrous tissue. The latter was only slightly adherent to the bone. The glenoid surface was smooth, flat, and without marks of inflammation.

In these cases, it is true, the stump was not submitted to any influence powerful

enough to effect great modifications in the bones. A simple cover of leather served to protect the shoulder from direct blows, and no other artificial appliance was made use of. The soft parts abundantly covered the underlying bones, and produced no pressure upon them.

When the bones are required to furnish a point of support to a member the modifications are more grave. In partial amputations of the foot, cicatrices often ulcerate, and the subjacent bones inflame, and become carious, or necrosed. In an autopsy of an ante-scapoid disarticulation we found ulcerations of the soft parts, caries of the bones, and vegetations surrounding the altered surfaces. There was at the same time a partial luxation of the foot upon the leg; the astragalus was carried far in front, its posterior portion only being in contact with the tibio-fibular articulation. Walking had become impossible on these parts, and the patient used the short peg (pilon). The muscles of the leg were wholly adipose; and the tendons themselves had lost their pearl white appearance, had become fatty in their turn, and were easily broken.

In amputations in contiguity the bony extremities are more apt to inflame and to change in form and size from ossific productions or new ossiform formations—the result always of a certain degree of inflammatory irritation.

The following were the results in this respect in our series of observations: In eleven amputations of the thigh, the extremity of the bone was in seven instances considerably tumefied; twice it was not very sensibly modified; and twice no change could be discovered.

According to the place of amputation we found—of three at superior third, all considerably enlarged; of four at middle third, two considerably, one slightly, and one of natural size; of four at inferior third, two considerably, one slightly, with bony crests, and one of natural size.

Thus hypertrophy of the bony extremity by the addition of new layers, or the production of crests and ossific concretions, is to be found very frequently in amputations of the thigh, especially at its upper third.

As to the leg, we always found that the tibia had undergone very slight or quite inappreciable changes in form and volume. The fibula was uniformly dwindled, more or less pointed, and drawn towards the tibia.

In the arm the results were about the same. The humeral extremity was not sensibly modified. Now and then there were ossific crests, or slender projections on its edges;

quite as often it was slightly shrunken and its walls compressed together.

From our rapid sketch it would appear reasonable to adopt the conclusions of Larrey; that when the bone does not serve as a point of support, or sustains no pressure, as in stumps of legs, arms, &c., it gradually tends to become atrophied; while on the other hand, under opposite conditions, as in stumps of the thigh, its extremity becomes enlarged and club-like.

But we can admit only a part of the first proposition of Larrey. Instead of asserting with that illustrious surgeon that the end of the bone shrinks, flattens, and atrophies, our observations simply warrant us in saying that it usually preserves its natural volume, or only becomes slightly atrophied, or at times thinly covered with crests or bony accretions.

As to Larrey's second proposition—we remark that of two who suffer amputation of the thigh, one of whom walks with the long peg, the other with crutches, the first only ought to have a club-shaped bone, for he alone has the point of support at the extremity of the stump. But in our eleven amputations of the thigh, three used crutches exclusively, and yet these three presented large tumefactions of the femur. Of the eight which remain, four only showed such enlargements, and all these used the peg; that is to say, were most exposed to frictions, dragging and pressure.

It seems, then, difficult to attribute these osseous deposits to the mechanical influences invoked; and yet, when one sees that these productions form almost exclusively on the thigh, and never, or very rarely, on other parts, he finds it difficult to believe that irritation or latent inflammation is the principal cause, since this should act on all kinds of stumps alike.

There is, however, a special reason for this irritation in amputations of the thigh. Stumps of thighs, as we have said, have the greatest tendency to conicity. In spite of all precautions, the consecutive retractions of the soft parts are continually forcing forwards the thigh bone. This bone, in this way becoming thinly covered and badly protected against exterior influences, is now more subject to pressure and friction. Thus a continued source of latent inflammatory irritation, whence the production of new osseous layers is readily comprehended.

These ossific concretions take on all possible appearances, and give to the ends of the bone shapes as different as those of the stumps themselves. Sometimes there are only slight projections or crests of a few

lines in height; sometimes, again, for a considerable extent there are very regular layers, which double or triple the thickness of the bony walls. In some this transformation does not exceed a third or half an inch; in others the hypertrophy rises three to five inches above the surface of the section, and gives the bone the almost exact form of a pestle.

When the medullary canal closes, it is almost invariably effected by a layer of new bone. We are wholly ignorant at what precise moment this takes place. We can only say that in three of the eleven amputations of the thigh we found this obliteration incomplete; an exception still more rare in the tibia and fibula. The firm, rounded passage which led into the medullary canal, varied in diameter from one to three-tenths of an inch, or thereabouts. Surrounded by a very thin and fragile bony rim corresponding to the centre of the osseous section, this passage was closed up by a dense, almost cartilaginous tissue. The operations dating back twelve or thirteen years, there seemed little probability that the obliteration was of recent occurrence.

When the medullary canal is closed, as it usually is, the thickness of the bony layer closing it varies from less than a twentieth to more than half an inch. This layer is often so thin as to be quite transparent, but always so dense, hard and resisting that it cannot be pierced by the scalpel.

All these osseous layers of new formation were, in fact, composed of compact tissue, hard as ebony. Ordinarily no decided line of demarcation existed between the old bone and the new accretion. Perhaps, nevertheless, the new tissue may have had a little deeper color, while tending to a characteristic greyish tint, especially in the central portion of the growth.

Unfortunately, we did not examine this new tissue with the microscope, to determine whether it was formed of true bone or of mere calcareous deposits; but its mode of formation, its aspect, and its structure, all led us to the former hypothesis.

The surrounding fibrous tissue gave to these osseous productions a periostic covering which adhered intimately. Vessels traversed it and passed into the bone. It is the internal layers of this fibrous tissue that become ossified by the latent irritation, which follows operations and is induced by shocks and friction.

In members of two bones (leg, fore-arm), the bones, being no longer retained apart, tend, after section, towards each other at their extremities. On them osseous vege-

tations were less abundant and less developed. We have seen the shrunken fibula inclining towards the tibia, and united to it by strong fibrous bands; and even, in one case, by a true, compact, and very resisting, osseous bridge.

Such were the principal transformations we met with in Surgical Stumps. We regret that we had not a larger field and more varied observations to render a study of the subject at once more complete and more interesting.

THREE REMARKABLE CASES OF ARREST OF DEVELOPMENT OF THE EYE, OCCURRING IN THE SAME FAMILY.

In a family residing in one of our neighboring towns, three very remarkable cases of arrest of development of the eye have occurred. Besides the father and mother, the family consists of nine children. The youngest, a baby of a week old, was born with the left eye only about half developed—presenting the appearance that is often found in an eye which has been destroyed through the agency of a large ulcer of the cornea. It is about half the usual size, with a central opacity, the cornea being partly formed, and the iris can be distinguished, though smaller than normal. No pupil can be discovered. The other eye is perfectly formed. The second case is a boy of seven years of age, whose right eye is only partially formed, presenting a similar appearance to the first. In the last case, a boy of 14, the right eye has wholly disappeared, there being nothing in the socket but the conjunctiva, which lines the cavity. The left eye presents nothing abnormal. The children are all healthy and robust. Nothing of a similar nature has been known to exist in any of the ancestors. The father and mother have perfectly formed eyes.

Thinking these cases might be interesting to the readers of the JOURNAL, and having never seen similar ones spoken of in works on the eye, I thought them worth reporting.

G. E. H.

CERTIFICATES of attendance on the several courses of lectures delivered in the College of Physicians and Surgeons, New York, will hereafter be recognized by the Royal College of Surgeons of England, and the Diploma of Doctor in Medicine of the said College will also be recognized.—*N. York Medical Record.*

Hospital Reports.

BOSTON CITY HOSPITAL.

Reported by FRANK W. DRAVER, M.D., House Surgeon.

Lithotomy. (Service of Dr. CHEEVER.)—The patient, a very debilitated man, of restless and fretful disposition, and 68 years of age, entered the Hospital in November, 1868, having suffered from the symptoms of stone in the bladder during the whole of the previous year. He had complained of pain in the bladder and urethra, and was made especially uncomfortable by the continual incontinence of urine. At the time of entrance the urine passed guttatum, and with much pain. It had been found necessary to resort to opium on account of the distress. He was much reduced in strength, and the general constitutional disturbance was marked.

The sound detected the presence of a calculus of large size. Under ether, bilateral lithotomy (Dupuytren's operation) was performed, both incisions being semi-circular with the concavity opening downwards. On opening the bladder through the prostate, two stones were discovered, a small one and one much larger. The former was removed without much difficulty, but for the delivery of the latter it was found necessary to enlarge the opening. This larger calculus was irregularly spheroidal, its long circumference being seven inches, and its shorter five inches. It weighed 1320 grains; equal to 2½ ounces. An elastic catheter was fastened in the bladder through the wound.

Stimulation was found necessary near the close of the operation, but in six hours the patient reacted perfectly. During the three days succeeding the operation he was comfortable and in satisfactory condition. Nourishment was taken quite freely, and the constitutional disturbance was comparatively slight. On the fourth day, however, typhoidal symptoms began to develop themselves. The pulse went from 90 to 104–108. The appetite was lost, the tongue dry and brown, and a diarrhoea set in which for a time resisted remedies. Meantime, the catheter was removed and the urine passed freely through the opening in the perineum. The wound was indolent and sloughy at the edges.

After three days of this relapse, the symptoms began gradually to improve. All the unfavorable signs gave place to an encourag-

ing condition of things. The wound improved daily, and healthy granulations succeeded the indolent and sloughy condition previously existing. With increasing improvement, the petulance and dissatisfaction of the patient increased, and on the seventeenth day after the operation, at his urgent request, he was discharged, with the cure progressing favorably. Three months later he reported himself as quite well.

Fatal Case of Wood's Operation for the Radical Cure of Hernia. (Service of Dr. CHEEVER.)—D. K., aged 50 years, had had double oblique inguinal hernia ten years, brought on by violence. An attempt had been made about five years previously to his entrance to Hospital to cure the affection, by some subcutaneous operation, but with only partial success on one side. He found that in his occupation the truss he wore was an insufficient safeguard, and he desired some radical operation. With a view to preparing himself better for the operation, he had unwisely "dieted," and had abstained from meat during the week previous to his entrance, although he did not report the fact at the outset.

Under ether, Wood's operation, with the wire sutures, was performed; on one side a double cross stitch was taken in the spermatic fascia, and on the other side a single one. The inguinal rings were large, and the pillars were easily approximated and the openings closed. The subsequent constitutional disturbance was primarily inconsiderable. Moderate pain was controlled by morphia. On the day following the operation, the patient reported himself comfortable. The wound was quiet, and its edges were without irritation. There was no pain in the abdomen, and no symptoms of general disturbance. But the patient could not be induced to take food, and resisted all advances in that direction.

During the second night after the operation the scrotum and penis became extremely oedematous and red and tender; and the edges of the wound in the scrotum had commenced to slough. The patient had passed a restless night; his pulse, before 96, now became 104. There was still complete anorexia, and the general constitutional disturbance was marked. The conjunctivæ assumed a straw color. There was a tendency to mild delirium. The abdomen was slightly tympanitic and tender.

Under ether free incisions at each side of the scrotum and down the dorsum of the penis set free the serum, and discovered the sloughing process to be already fully established. A dressing of diluted solution of

chlorinated soda was applied. The wires were removed and all the parts left free. Quinia and aromatic sulphuric acid were exhibited, alternating with brandy and beef-tea. Partial relief followed these active measures, but the tendency was unfavorable. Food and stimulants were still taken with difficulty and under protest. The abdominal symptoms became more grave. Pulse 108, weak. Mind generally clear.

On the fourth day all the symptoms were increasingly unfavorable. The patient did not complain of much pain, but the general depression was excessive, and stimulation failed of producing any effect. The abdomen became markedly tympanitic. The scrotum and penis continued to undergo decomposition. In spite of remedies, the patient sank and died ninety hours after the operation.

Group; Tracheotomy; Recovery. (Service of Dr. CHEEVER.)—Edward L. G., aged 2½ years, entered the Hospital Nov. 17th, with the following history. He had been attacked with symptoms of croup twenty hours previously; free administration of ipecac. had brought no relief, and his removal to the Hospital, with a view to tracheotomy, was advised. At entrance, the respiration was very hurried and gasping; the face was livid, and symptoms of great gravity were obvious. Pulse 140, jerking and feeble.

Tracheotomy was performed under ether, the operation being without complication, and attended with immediate relief to all the distressing symptoms. The patient was removed to steam-room, the temperature of the room being maintained at 75°.

After two hours the child took milk, and was breathing quietly, occasionally throwing bloody sputa from the tube. The pulse fell to 120. The following mixture was given, in drachm doses, every four hours:—

R. Tr. ferri chloridi, ℥i;
Tr. opii camph., ℥ij;
Syr. aurantii, ℥iiss. M.

The first night was passed in comfort. The respiration was generally quiet, and was disturbed only by paroxysms of coughing, in which fragments of false membrane were ejected. The inner tube was removed and cleaned every two hours. The appetite of the patient improved hourly, and milk and beef-tea were administered freely. During the three days following the operation, a diarrhoea was present as a complication; it subsided under opiates.

On the fourth day the tube was removed, but as distressing paroxysms of coughing

supervened, it was replaced, under ether. Improvement was steady until it was again removed, on the eighth day after the operation. The cough had in great measure subsided, and there was no evidence of an extension of the formation of the membrane in the air passages.

The wound healed kindly, and with satisfactory rapidity. The general condition improved proportionately, and the patient was discharged, well, on the fifteenth day after tracheotomy.

Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 13, 1869.

NOTES FROM THE GAZETTE HEBDOMADAIRE DE MEDECINE ET DE CHIRURGIE.

M. Claude Bernard on Opium and its Alkaloids.—The effect of extract of opium as compared with that of morphine, is thus illustrated by M. Claude Bernard. A pigeon got ten centigrammes of extract of opium under its skin, and another pigeon had inserted into it in the same manner ten centigrammes of chlorhydrate of morphine. At the end of five minutes, the first pigeon was seized with slight convulsive movements, which soon increased, and became so intense that the bird rapidly died in convulsions. The pigeon which got the same quantity of morphine as the other had of extract of opium, remained, on the contrary, absolutely unharmed. Retained before the eyes of the audience during an entire lecture without showing the slightest trace of *malaise*, he survived the experiment as though nothing had been done to him. Subsequently, M. B. stated that pigeons are very refractory to stupefying agents. Bernard infers that there are two eminently different agencies in opium. In fact, out of the six alkaloids of opium, three are soporific and three are convulsive. The first three, stated in the order of intensity of soporific action, are narceine, morphine and codeine; the second class, ranged in the order of intensity of convulsive action, are thebaine, papaverine and narcotine. Again, the three hypnotic alkaloids, notwithstanding their mutual analogy, pre-

sent real differences *inter se*. Thus, narceine causes profound sleep, but as soon as that sleep is awakened from, the faculties are quickly recovered. It is not so with morphine. M. Bernard relates this fact. Into one of two dogs accustomed to play together he injected five centigrammes of morphine; into the other, the same quantity of narceine. They both went to sleep. But, on awaking, the animal which had been poisoned by morphine was morose and flurried, not recognizing his companion; while the other immediately resumed his playfulness. The following day the experimenter reversed the conditions, causing the animals to interchange their rôles; and the result obtained confirmed by the counter experiment the first demonstration.

Clinical experience amply sustains the following inference drawn by Bernard. The hypnotic alkaloids of opium have two successive periods of action—the first, that of excitement; the second, that of stupor.

Our author now makes a further classification of the alkaloids of opium, dividing them into three classes, in the order of their intensity of action, as follows:—

<i>Exciting.</i>	<i>Soporific.</i>	<i>Convulsive.</i>
1. Codeine.	1. Narceine.	1. Thebaine.
2. Morphine.	2. Morphine.	2. Narceine.
3. Narceine.	3. Codeine.	3. Papaverine.*

Bernard claims to have demonstrated that the common opinion is correct, that the immediate action of narcotics is upon the brain.

We subjoin the following statement from the *London Medical Times and Gazette*:—

"Most of our readers are aware that Dr. Weir Mitchell, the American physiologist, announced some months ago that pigeons appear to be insusceptible of the action of opium. He administered twenty grains to a pigeon in one day without the slightest effect resulting. At the meeting of the Medical Society of London on April 5th, Dr. Richardson exhibited a pigeon on which a similar experiment had been tried, but had been carried to much greater length. This bird, which appeared to be in perfect health, had been first treated by the subcutaneous injection of morphia, two grains being injected at once. Twenty-one grains of opium were then administered to it on

three successive days. The dose was then increased to thirty grains, which quantity was also taken daily for three days. Finally, for five days, the same pigeon took sixty grains of solid opium daily, and, at the end of the time, remained in apparently perfect health. After the injection of morphia, Dr. Richardson noticed that the pigeon vomited slightly; but he thinks this was rather due to the operation than to the physiological action of the alkaloid."

We presume M. Bernard has verified the convulsive action of extract of opium (subcutaneously injected) by repeated experiments; and the question therefore arises, was the opium which Dr. Richardson's birds "took" digested and absorbed? and if it were, why are they not convulsed? The subcutaneous injection of morphine, both by Bernard and Richardson, had the same result of impunity. Bernard also states, as above cited, that pigeons are very refractory to "stupefying" agents.

As to the local action of "anæsthetics,"* the Professor is inclined to allow its real existence; and denies that it is at all contradictory to the theory of the exclusive action of narcotics on the brain. He invokes the theory of Bichat—which, though it has been often called in question, he is disposed to admit—that the nervous ganglia are rudimentary brains disseminated throughout the whole body. Each one of these ganglia presides over, or at least influences, within a circumscribed zone, the action of one or another organic system. Though the ganglion is in subordination to the direct influence of the encephalon, M. Bernard claims to have shown that it is to a certain extent possessed of "autonomic" action. He expresses the opinion that in the local application of narcotics their first action is on the ganglia, the brain playing but a secondary part. Thus, a narcotic applied to the intestine paralyzes first the ganglia of that intestine, and after that the encephalon may be brought under its influence. For the purpose of showing the local action of a narcotic on the functions of an organ he exhibited two pigeons; one of which had, the evening previous, received

* Previously, Bernard is reported as placing papaverine 2d, and narcotine, 3d. There is, therefore a misprint somewhere.

* It is evident from the context that Bernard means something quite different from the practical fact of the local and external insensibility produced by freezing, &c.—EDITOR.

ed into its stomach ten centigrammes of morphine. Its gizzard was full, although it had not taken food for twenty-four hours; while the gizzard of the other bird, which had taken no morphine, was empty, both pigeons having been fed at the same time and with the same quantity of food. Further experiments are requisite here, he acknowledges, because morphine subcutaneously injected produces the same effect, to the extent of notably impeding the digestion.

We ask, as we did in relation to opium ingested by pigeons, was the morphine digested and absorbed?

Ophthalmic Hygiene of Type-setting.—Dr. H. Kohn has been examining the eyes of 132 compositors in printing offices. Half of the subjects were near-sighted. That is, of the 132, there were 68 near-sighted—51.5 per 100. 7.6 per 100 were hyperopic. Comparing these results with those observed among scholars and students, there were found among the former 55.8 per 100, and among the latter 60 per 100, myopic. Among the 68 myopic typographers, 51 had begun life in the enjoyment of good eyesight.

The employment of artificial light had a marked influence. The proportion of the near-sighted compositors who used oil lamps was greater than that of those who worked by gas. Further, out of 125 typographers, those who of their own choice used gas numbered 75; those who preferred oil, 42; and those who selected petroleum, 9. The temperature developed in the vicinity of the eyes was for oil, 22°5; for petroleum, 22°; for gas, 24° [Centigrade].

In fine, the predominant affection of the eyes among compositors is progressive near-sightedness. M. Kohn advises them to secure a good light by day; and at night to use a lamp [or burner] with a chimney and a shade, so arranged as to illuminate only the objects on which they are at work—not the eyes of the compositors. He counsels them to dispense with small type; and to confine themselves to a comparatively short amount of daily labor—particularly not to work from eight in the morning till ten at night, with one hour only for

meals; for such is the custom in most of the printing offices of Breslau.

No appeal is made by M. Kohn to the humanity of writers for the press to furnish legible manuscript.

At a meeting of the *Société Médicale des Hôpitaux*, M. Raynaud read a note upon a new parasitic affection of the lingual nervous membrane. The affection is entirely local, and is not a serious one. M. Raynaud has met with it twice, and has found it characterized by an alteration of the epithelium of the lingual papillæ, and by the presence of a vegetable parasite consisting entirely of spores. The spores resemble those of the *Tricophyton* of *Herpes circinatus*, &c.

A NEW METHOD FOR SECURING DIVIDED VESSELS is described by Dr. LENTE, of Cold Spring, N. Y., in the *American Journal of the Medical Sciences*.

"The idea is simply this: cut off a length of silver wire, say three inches, less will do, however, for small arteries; give it a sharp bend in the middle, then one or two twists as near the bend as possible. This forms the ligature. *Mode of Application.*—Secure the twisted end of the ligature in a pair of spring or catch forceps, and it is ready. Draw out the vessel to be ligated, or, if a small one, the tissue in which it is, with a tenaculum or forceps, in the usual manner; let an assistant apply the ligature against the vessel at the point where the two legs diverge from the twist; then the surgeon takes hold of the two ends and gives as sharp a twist on the vessel as possible, and then secures the hold by two or three half turns. The silver wire is so soft and pliable that but very few turns are necessary to prevent slipping. After a little practice, these ligatures may be applied with great facility. At first, it is a little awkward compared with the silk ligature, but compared with any other mode of securing vessels it is more simple. As regards the size of the wire, the surgeon will perhaps use his own judgment; but I have used ordinary suture wire for the smaller arteries, and a larger wire, No. 26, for large arteries. The suture wire would be strong enough to hold any artery, I think; but if drawn tightly it would probably be more liable to damage the inner coats, which, is not desirable, and there is more uncertainty in making the twist take a firm hold of the artery while tightening the larger wire.

The surgeon, having twisted the wire, cuts off the end with ordinary scissors, within two or three turns of the artery; the other end, if not too long, may be left, as we thus avoid having *two* sharp ends to the ligature. This leaves a very minute quantity of metal around each vessel, so little, in fact, that after a dozen such ligatures have been applied, it becomes somewhat difficult, in course of half an hour, to find one of them, except by searching carefully. They soon imbed themselves in the tissues, and disappear from sight.

"The advantages of this mode of ligating are obvious, provided we can be secure against further trouble from the foreign substances left in the wound. I was induced to believe that pure silver would become encysted, and would thus not give rise to any future inconvenience from the fact that substances, much more likely to irritate and inflame the tissues, remain in them harmless for an indefinite time."

Is an elaborate article entitled "Experimental Researches on the Physiology of the Cerebellum," Dr. S. Weir Mitchell describes his experiments on that organ, and compares them with those of other observers. He says:—

"I have caused irritation of the cerebellum in pigeons, rabbits, and guinea-pigs, by the following processes: by inserting a strong needle-like awl through the skull; by injuring the organ after trephining, or, in birds, after slicing off a piece of skull; by injecting into the cerebellum globules of mercury with or without a minute amount of persalts of iron to arrest hæmorrhage; by freezing the part more or less, and allowing it to thaw so as to cause congestion; and lastly, by painting the exposed part with tincture of cantharides or other irritant fluid. . . .

"In the light of all that I have previously pointed out, I shall now review the question of cerebellar function.

"We must admit, in the first place, that apparent loss of co-ordination follows cerebellar lesions. It appears clear from my own researches, that these injuries do not cause this result, owing to mechanical and incidental affections of near parts.

"In birds, injuries and congestion of the spine give rise, at first, to seeming in-coordination, or at least to exactly such phenomena as follow like injuries addressed to the cerebellum. When the cerebellum has been removed spinal irritation still continues to evolve the same symptoms as when the

cerebellum exists untouched. These facts indicate for these two organs in birds, at least, a curious community of pathological symptoms, and probably of physiological function. If, then, there be such a functional entity having a separate seat as the so-called co-ordination, it belongs in birds to an extensive region, including the cerebellum and a large part of the spine.

"There is yet possible, however, another view of cerebellar activity which will accept all the facts and account for all. Let us suppose the cerebellum to be a great ganglionic mass, possessing the same motor functions as the gray matter of the spine, related like it, and through it, to the voluntary muscles. Irritations of its tissue, ablation, the temporary equivalent of extensive irritation, congestions, as from cold or other causes, might occasion both directly through the spine, or indirectly by reaction on its ganglia, just such confusion of motion, restlessness, and locomotor disorders, as we do actually see, and as were said entitle it to be called the organ for co-ordinating muscular acts. As the irritation disappeared, so would the muscular disturbances, until, when there was no longer irritation, there would cease to be locomotor difficulties of the character described, the spinal centres having by degrees assumed with the aid of the will the function shared in health with the lost organ.

"Referring anew to laws of research laid down at a former page, I remind the reader that if an organ be lost, and no function *finally* disappears, it either had none or possessed one in common with some part which remained uninjured and capable of at last supplementing the function of the destroyed tissues. For these reasons I am disposed to deny to the cerebellum any larger share in co-ordination than exists in any ganglion employed in voluntary motion, and to assign to it a part closely relating it in powers to the chain of spinal ganglia. The cerebellum becomes for me, therefore, a great reinforcing organ, capable of being more or less used in volitional muscular motion. Its loss, as I have elsewhere stated, leaves finally no functional defect save some incapacity for prolonged motor activity.

"The apparent in-coordination which follows section through the deeper layers of the cerebellum, is simply a confusion of movement due to the joint action of two separate and interfering agencies. In health the cerebellum is called upon by the will when needed, and acts through the spine

on the muscles. After irritation or ablation (the equivalent, for a time, of extensive irritation), we have two sets of forces in action—that arising from the excited and wounded efferent cerebellar fibres, a force inconstant, irregular, involuntary; and secondly, the normal activity of the will, which, in presence of the former disturbing power, fails to evolve the usual orderly reply from the muscles. The general result is seen in the strange confusion of movement which is so familiar to the physiologist. . . .

"I ought to add, that while I believe the cerebellum to be one of the great centres of force-development for voluntary, and perhaps involuntary motion, I am not at all prepared to assume that it has no other function.

Dr. JOHN D. ATLEE describes a Laryngeal Tumor removed by opening the Larynx, after the insertion of a tube into the trachea.

"The patient was a boy of 15, previous to his disease hearty and robust. For 16 months he had been aphonic. Dyspnoea had become so urgent that asphyxia seemed impending. Attempts to use the laryngoscope had been unsuccessful from irritability of the fauces. On the 3d of October Dr. Atlee opened the trachea and inserted a tube. The presence of the tube was easily tolerated, and the patient exhausted by previous loss of blood fell, almost at once, into a deep sleep.

"November 17, I opened the larynx in the usual way, the patient being partially under the influence of an anæsthetic. On exposing the interior, masses of abnormal tissue presented themselves at the opening, during the efforts of coughing made to get rid of the blood flowing into the trachea. These were seized with the forceps from time to time and removed. Three portions, the first as large as a small filbert, the others the size of peas, were torn from their attachment to the mucous membrane. The ventricle of Morgagni on the left side seemed filled by this tissue. The whole amount removed would fill a large sized sewing thimble. As determined afterwards, it weighed twenty grains.

"After thoroughly cleaning the interior, a stick of nitrate of silver was rubbed thoroughly over the whole raw surface, and the external wound was closed by two harelip sutures and adhesive strips.

"The tumor removed, on examination, displayed under the microscope the anatomical elements found in epithelial growths.

"I saw this patient on the 21st of Janua-

ry. He had entirely recovered his voice, and was going to school. He had been kept from school a year and a half on account of the loss of voice. When first seen he was pale, emaciated, and rapidly losing flesh. He had become rosy, robust, and weighed 86 pounds in place of 64. He appeared in every way perfectly well."

CARBOLIC ACID AND HOSPITAL MORTALITY.—M.D., in *London Medical Times and Gazette*, says:—

"In answer to your correspondent who inquires as to the effect of carbolic acid on the statistics of Hospital mortality, I would beg to refer him to the annual reports of the Glasgow Royal Infirmary, the last of which, for 1868, has just been published. If he will take the trouble to calculate the mortality from the primary and secondary amputations of the thigh, leg, arm, and forearm before and after the introduction of carbolic acid into that Hospital, he will find that the results are not in favor of the so-called antiseptic plan of treatment. In the years 1860, 1861, and 1862—before the introduction of carbolic acid—I find 126 of the amputations I have mentioned recorded. Of these 126 there died 41, which gives a mortality of 1 in 3. On the other hand, in the years 1867 and 1868—or since carbolic acid has been used so extensively in that Hospital—there were 73 amputations of the same kind. Of these 30 died, giving a mortality of 1 in 2½.

The results are even more unsatisfactory if we take the compound fractures, which are the cases reported to be the most benefited by the carbolic acid treatment. I find in the three years already mentioned that there were 114 compound fractures treated in the Infirmary, of which 26 died, or nearly 1 in 4½. In 1868—a year in which, as I have been told, all the surgeons to the Hospital used carbolic acid—there were 59 compound fractures treated with a mortality of 20, or more than 1 in 3. Your correspondent may digest these data at his leisure.

NATIONAL CONVENTION FOR THE REVISION OF THE PHARMACOPOEIA OF THE UNITED STATES.—At a meeting of the Convention, held in May, 1860, the following resolutions were adopted:—

"1. The President of this Convention shall, on the first day of May, 1869, issue a notice, requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Col-

leges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy throughout the United States, to elect a number of delegates, not exceeding three, to attend a general convention, to be held at Washington on the first Wednesday in May, 1870.

"2. The several incorporated bodies, thus addressed, shall also be requested by the President to submit the Pharmacopoeia to a careful revision, and to transmit the result of their labors, through their delegates, or through any other channel, to the next convention.

"3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of this convention the names and residences of their respective delegates, as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals in the month of March, 1870."

In compliance with the above resolutions, the President of the convention announces that a meeting will be held in Washington, D. C., on the first Wednesday in May, 1870, and requests that the several incorporated bodies shall, after a revision of the U. S. Pharmacopoeia, send the results of their labors to the convention, and further requests that they transmit to the President the names and residences of their several delegates, so soon as elected, that the list may be published.

Geo. B. Wood,

President of the Convention of 1860.

MIDDLESEX SOUTH DISTRICT MEDICAL SOCIETY.—At the annual meeting, at Waltham, April 14th, 1869, the following officers were chosen, viz.:—*President*, Jeffries Wyman, of Cambridge. *Vice President*, Howland Holmes, Lexington. *Sec'y*, C. E. Vaughan, Cambridge. *Treasurer*, John W. Willis, Waltham. *Censors*.—A. P. Hooker, H. H. Pillsbury, G. C. Lincoln, S. W. Driver, L. R. Stone. *Councillors*.—Anson Hooker, R. L. Hodgdon, W. W. Wellington, G. I. Townsend, Morrill Wyman, J. B. Taylor, A. Hosmer, J. W. Bemis, J. C. Dorr, J. T. G. Nichols, T. P. Robinson.

ASSOCIATION OF AMERICAN MEDICAL EDITORS. *New Orleans, May 6.*—A number of editors of American medical journals were in attendance at the meeting of the American Medical Association here, and formed an organization under the name of "The Association of American Medical Editors." Dr. N. S. Davis, of the *Chicago Medical*

Examiner, was chosen *President*; Dr. W. M. McPheeters, of the *St. Louis Medical and Surgical Reporter*, *Vice President*; Dr. W. S. Mitchell, of the *New Orleans Journal of Medicine*, *Permanent Secretary*; Dr. J. B. Lindsey, of the *Nashville Journal of Medicine*, *Secretary*. The Association will hold its annual meeting at the same time and place as the meeting of the American Medical Association. The latter meets next year at Washington, D. C.

SPECIMENS OF OPIUM.—Report by Dr. Schrott, Prof. in Wien, on the Opium sent to the Paris Exposition Universelle of 1867.

Turkey, Egypt, India, Algiers—Merck, Howard and Macpharlan—sent specimens of opium. Della Sudda exhibited six specimens containing 10 per cent. of morphine; Adrian, a specimen from Smyrna, same strength.

From Egypt came three sorts, containing respectively 2-3, 5, and 8 per cent. Persian opium in various forms contained 8-10, 13, 9, 13; Smyrniote, three sorts, 5-11 and 12 per cent. Two sorts from Constantinople, 10-12-16. Adulterated Turkish, 1½-3. Indian, from Patna and Benares, 5-5½; Malva-opium, 5½; domestic, grown and manufactured in Darmstadt, 1848, 15 per cent., but in 1854, the crop from the same place yielded only 1½ per cent. Many sorts, especially the Persian in the form of sticks, seem to have gained considerably in strength; formerly this contained only 1 per cent., now 8-10. This is ascribed to the absence of starch, with which the older specimens were adulterated.—*Allg. Wiener Med. Ztg.* No. 12.

D. F. L.

EXAMINATION OF PORK.—Tiemann, Conservator of the Zoölogical Museum at Breslau, recommends the thorough examination of a single bit of muscle, taken from the diaphragm or psoas major of the slaughtered swine. He uses a lens that magnifies only ten diameters; saying that the trichina is much more likely to be overlooked when a higher power is used.—*Allg. Wiener Med. Ztg.*, No. 8.

D. F. L.

TO THE LONDON MEDICAL TIMES AND GAZETTE.—With reference to the "iron bar case," we would explain that the tamping iron entered by its pointed end, the left side of the face, immediately anterior to the angle of the lower jaw, and passing obliquely upwards, and obliquely backwards, emerged in the median line, at the back part of the frontal bone, near the coronal suture.

Medical Miscellany.

PERTUSSIS.—Oppolzer says (*Wiener Medicale Presse*) narcotics and astringents appear to reduce the duration of the disease about one half. Belladonna is probably the best, but simply because of its narcotic action. Tannin acts well in the third stage, or that of expectoration. In the case of children one or two years old, he began with pulv. rad. belladonna, gr. 1-12th, morning and night, gradually increasing up to gr. 1-8th, or gr. 1-6th, taking the pupil as a guide. Emetics are only given when the bronchial tubes are filled with masses of mucus. To those who were arrived at years of discretion, he also gave soda bicarb. 3ss., in a tumbler of sweetened water, a mouthful to be swallowed just before an anticipated paroxysm, for diluting the phlegm. The following also acts well the same part:—

R. Coccionella, gr. v-viii.
Potasse carbonatis, gr. x.
Aque f. dest., ℥i. M.

Sig. Give a tablespoonful every two hours.

Change of air is good, even if patient can be removed but a few miles. If this is not procurable, keep the patient in a room with an equable temperature. For the resulting anæmia use good diet. Dr. Link's extract of meat is good. Medicine may also be required.

In conclusion, it may be stated that of late many French physicians recommend the exhalations from lime which has been used in purifying burning gas, or, better still, gazéol. Oppolzer has had no experience with these remedies.—*Dublin Medical Press and Circular.*

ALL natural wines, if any improvement is to be effected by age, must throw down a deposit, and thereby they become sweeter in bottle by the elimination of their tannin, tartrates, &c. From red wine the deposit contains tannin, which, uniting with the albuminous matter contained in the wine, forms a crust, that year by year becomes less and less, until at length it becomes so thin that it acquires the name of "beeswing." The deposit also takes the form of crystals, which will both adhere to the cork and fall to the bottom of the bottle like powdered glass. All natural wines that have been any length of time in bottle should therefore be decanted with care.—*Ibid.*

In the last Annual Report of the Smallpox and Vaccination Hospital, London, occurs the following statement:—

"The opinion which, early in the course of the late epidemic, the officers expressed on vaccination, neither requires, they say, qualification, nor admits of limitation. They repeat:—'Although it has not entirely fulfilled the sanguine anticipations of its earlier advocates, it is the greatest boon which was ever conferred by man upon his species. Properly performed, with good active lymph, and with not less than four punctures producing vesicles, and these running the course so minutely and graphically described by Jenner, and leaving not less than four typical cicatrices, vaccination robs the most fatal and acute disease known

in this country of its malignity, and reduces the mortality of smallpox from 35 per cent., or even a higher rate, to less than 1 per cent.'"—*London Medical Times and Gazette.*

PROF. LEE has described a new disease, or, as he termed it, an unpublished disease, namely, *Ammonicemia*. He commenced by saying, that it must be put alongside of uræmia and of albuminuria, with which it had been confounded; its etymological meaning is, adulteration of the blood by carbonate of ammonia.—*Richmond and Louisville Medical Journal.*

TORSION OF ARTERIES.—Prof. Humphrey, of Cambridge, has published a lecture on this subject. He has for several months back abandoned the use of acupressure, of which method he was a follower, and has used torsion in all cases exclusively, meeting always with the best results, even in amputations of the thigh or leg.—*American Journal of Obstetrics.*

MEDICAL DIARY OF THE WEEK.

MONDAY, 9 A.M., Massachusetts General Hospital, Med. Clinic. 9 A.M., City Hospital, Ophthalmic Clinic. TUESDAY, 9 A.M., City Hospital, Medical Clinic, 10 A.M., Surgical Lecture. 9 to 11 A.M., Boston Dispensary. 9-11 A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 9 A.M., Massachusetts General Hospital, Medical Clinic. 10 A.M., Surgical Lecture.

FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.

SATURDAY, 10 A.M., Massachusetts General Hospital Surgical Visit; 11 A.M., OPERATIONS.

TO CORRESPONDENTS.—The following communications have been received:—Records of Middlesex South District Medical Society—Records of Boston Society for Medical Improvement—Nomenclature of Diseases—Cataract in Children—Accommodation of Eyes in Birds—Chloride of Gold in Microscopy.

PAMPHLETS RECEIVED.—Anatomic et Physiologie du Poumon considéré comme Organe de Sécrétion. Par le Docteur Fort, Ancien Interne des Hôpitaux, Prof. d'Anat. et de Phys. à l'Ecole Pratique, &c., Paris.

MARRIED.—In South Dedham, May 1st, Francis M. Cragin, M.D., to Miss Mary E. B. Day.

DIED.—In this city, 8th inst., Dr. L. M. I. Mignault, aged 51.

DEATHS IN BOSTON for the week ending Saturday noon, May 8th, 111. Males, 64—Females, 47.—Abscess, 1—accident, 8—apoplexy, 1—congestion of the brain, 1—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 2—cancer, 2—consumption, 24—convulsions, 2—croup, 2—diphtheria, 2—dropsy, 4—drowned, 2—erysipelas, 1—scarlet fever, 11—typhoid fever, 1—hemorrhage, 2—disease of the heart, 1—intemperance, 1—disease of the kidneys, 3—disease of the liver, 3—inflammation of the lungs, 8—marasmus, 2—menstr., 1—paralysis, 3—premature birth, 3—rheumatism, 3—scrofula, 1—disease of the spine, 1—suicide, 1—teething, 1—unknown, 7—whooping cough, 2.

Under 5 years of age, 41—between 5 and 20 years, 16—between 20 and 40 years, 24—between 40 and 60 years, 16—above 60 years, 14. Born in the United States, 82—Ireland, 19—other places, 10.

AMERICAN MEDICAL ASSOCIATION.

THROUGH the kind intervention of a friend in the Norfolk District of our State, a gentleman of New Orleans has sent us slips from the *N. O. Picayune*, containing a report of two days' proceedings of the Association. The proceedings of the first day, as given below, are from that paper of the 5th inst.

The body of distinguished gentlemen composing the American Medical Association met in the lower hall of the Mechanics' Institute on Tuesday, May 4, at 11 o'clock, A.M., and immediately proceeded to attend to business. The rule of the association restricts the general business of the association to the morning sessions.

Dr. W. O. Baldwin, President, called the meeting to order, and the regular business proceeded. The ex-Presidents of the Association were invited to seats beside the presiding officer. A special invitation was extended to Dr. Warren Stone, of New Orleans, as being one of the most distinguished gentlemen present, and the request was acceded to. Dr. Lopez, an ex-Vice President, was also invited and took his place on the stand.

The meeting was opened with prayer by Rev. Mr. Galleher, of Trinity Church.

Dr. T. G. Richardson, of New Orleans, followed with an address of welcome to the gentlemen of the Association. The address complimented the members on their advances in the science of medicine, surgery, and the general branches incidental to the profession. He paid a pleasant tribute to the amity which is cultivated in this Association. His reference to the general community of interest which binds the members together from all sections of the land, which knows no political differences, and to the stores of our South, with its great floral and medicinal treasures, &c., was received with much applause.

The President announced the programme for the day's proceedings. The committees on surgery and anatomy were appointed to meet in the University Building; on meteorology, medical topography and epidemic diseases, in the Hall of Mechanic's Institute, at 3 P.M.

The nomination of members, by invitation, was pronounced by the President.

The usual annual address followed. This was delivered by the President, Dr. W. O. Baldwin. The address was of a very polished character, filled with references to the excellence of the profession, and the ameni-

ties and courtesies which make it great and noble. Referring to the unity of its interests and aims which keep its members from animosities and sectional differences, he paid a special tribute to the principles which actuate the members of the profession, regardless of aught but humanity and duty. He referred to the sympathies which bound them together in the bonds of a great brotherhood that knew no disruption of its Catholic spirit, during the sorrowful days of war and battle. Amid the shock of arms they stood above the differences that terrified the world with its horrors, the members of the association practising the duties and charities that have ever made the brotherhood noble in all its endurance and christian practices. The remarks were received with much applause and listened to with profound attention.

Among the members and visitors present, we noticed some of the most celebrated and distinguished gentlemen of the profession in the country. Prominent among these loomed up a head taller than those that stood about him—the towering form of Dr. Warren Stone, of our city. The giant intellect of this celebrated man has made a name in the annals of surgery in the South, which is so well known, and has such a wide reputation, that it is impossible for our poor words to add a sentence to the record of his fame.

We also noticed the presence of Dr. H. M. Skillman, of Lexington, Ky.; Dr. Alden March, of Albany, N. Y.; Dr. J. C. Hupp, of Wheeling, Va.; Dr. Thomas McKennan, of Washington, Pa., and many others of note and repute in the profession.

The President referred to a question concerning a change in the system of medical education, which especially claims the attention of the profession as well as the public. The lax method of turning loose on defenceless communities, illy instructed and incompetent physicians, demands a radical change. The system of cheapening the profession and lowering the standard that should be required for excellence and competency, demands careful attention, and is suggestive of prompt and decided action in correcting the system, so that incompetency may no longer rival the worth that opposes intelligence to quackery and ignorance. It is greatly to be hoped that prompt and effective measures may be taken to correct these abuses, that are so greatly calculated to lower the profession, and lessen its influence for good. His reference to books also suggests the idea of too much writing in the profession. The truth is, that the fancy

theories of ambitious writers are too numerous for present use. Altogether, the present system calls loudly for radical change, and we present the eminent gentleman's opinion, hoping it may prove effective in influencing the desirable result.

The assemblage of the Association on their twentieth annual session presented an appearance which comprehends vast intelligence and worth in the profession. The general physiognomy is suggestive of native talent and extensive culture, and almost every individual has marked features that attracts more than ordinary attention. The evident student appearance of the mass indicates that each individual is a man of prominence of either a general or local character. The temptation to individualize is very great, but where there are so many notable names of gentlemen who are prominent in the profession, it would be invidious to attempt the task and leave out any one of the members.

It seldom occurs in the sessions of deliberative bodies which sit in our city, that such profound attention, or such warm eulogy is elicited, as is exhibited on the part of this intelligent assembly of medical gentlemen.

A feature, which the President referred to regarding a change in the manner of schooling and graduating medical *alumni*, suggests that Federal legislation be invoked to change the present reckless system. The Association evidently was in accord with the proposition to secure governmental interference in lending aid in effecting so desirable a change.

The present facilities, which permit ignorant pretension to assume position in the profession, can only be remedied by the interposition of national legislation, and to it we look eagerly and anxiously for redress and change. How much the community should be interested in securing safeguards in this particular must be recognized by everybody who gives the matter a moment's thought.

A recess of five minutes was proposed, and acceded to by the convention immediately after the close of the able and comprehensive address of the President.

After the meeting was called to order, the letters of absent members were read by the Secretary, Dr. W. B. Atkinson. The letter of Dr. S. D. Gross, of Philadelphia, was first in order. Its broad, catholic and kindly spirit was very handsomely received and applauded. A number of others followed, and all breathed a warm spirit of social amity, as well as devotion to the in-

terests and effectiveness of the convention.

Reports of committees on regularly appointed subjects were called for. Some additions and changes were made to committees. Dr. Antisell was added to committee on cultivation of the cinchona tree.

Several committees failed to report on the special themes which they were appointed to investigate.

On nurse training institutions, Dr. S. D. Gross, of Pa., reported a paper which was referred to committee on practice of medicine.

On commissioners to aid in trials, involving scientific testimony, reported by Dr. John Ordronaux, N. Y.; the paper was referred to committee on medical jurisprudence.

On devising a plan for the relief of widows and orphans of medical men, a paper reported by Dr. John C. Griscom, of New York, was read, proposing a life insurance system, comprehending the mutual life plan. Several other propositions were announced. A peculiar feature was stated to be the fact, that in cities like New York the percentage of life was much more largely in favor of practising physicians than any other class of persons who are engaged in business pursuits. Report adopted for publication.

On Annual Medical Register, a debate occurred with regard to its feasibility and expense. Dr. Packard reported its publication impossible for want of funds.

The Association accepted report of Dr. Mussey, of Cincinnati, Ohio, which proposed that each State Society be requested to furnish a list of its regular practitioners. Accepted and engrossed.

On the best report of treatment for the different forms of cleft palate, by Dr. J. R. Whitehead, of New York. Referred to Surgical Committee.

On medical ethics, reported by Dr. D. F. Condie, of Pennsylvania. Read and received for publication.

The announcement that a meeting of editors of medical journals will be held this morning at 9 o'clock, in the office of Dr. Mitchell, No. 1 Carondelet street, on important business, was changed to the Hall of Mechanics' Institute.

A number of volunteer essays for prizes were accepted and referred to the sections to which they properly belong for disposition.

Report of committee of last year on amendments, was specially referred, to report this morning at 10 o'clock.

Recommendation of Cincinnati Medical Association to appoint certain committees, was adopted.

Received from Waco (Texas) Medical Society, and the Cincinnati Academy of Medicine, communications proposing reforms in the system of medical schooling, and establishing a better standard. Referred to regular committees of the proper sections.

Dr. Paul F. Eve proposed a motion to adjourn until 9 o'clock this Wednesday morning. Adjourned.

The Reception.—Last night the delegates had a formal reception in the small hall of the Mechanic's Institute, on which occasion a collation was bountifully provided for the guests, of whom there were a very large number present. A large supply of strawberries and ice cream was disposed of with great enjoyment, especially by those of our visitors from Northern latitudes, to whom these would have been a rarity at home for a month or more to come. The honors were gracefully paid to the guests by the gentlemen of the reception committee and the citizens who were present.

A considerable number of ladies were also present, and graced the pleasant scene with their countenance. These were especially toasted and received due attention from the members.

The assemblage comprised a much larger number of the profession than were present at the session of the convention, which assembled to attend to business yesterday. Festivities are, doubtless, ever more agreeable than dry details of reports and business.

SECOND DAY'S PROCEEDINGS.

(From the New Orleans Picayune of May 6th.)

The attendance yesterday was much larger than on the first day. A number of arrivals had increased the *personnel* of the Association to near three hundred. The hall was well filled; and the same dignified deportment which had marked the deliberations of the members on the opening day was displayed on the second day. Besides this, the individual members having become better acquainted with one another, and with parliamentary forms, went more briskly to work, and covered a larger ground of practical debate. Much of the facility with which the deliberations were conducted yesterday, and the promptness with which action was taken upon the various resolutions, was, undoubtedly, due to the tact and practical administrative knowledge displayed by President Baldwin.

At 9 A.M., Dr. W. O. Baldwin, the President, in the chair, called the meeting to order. The reading of the minutes having

been dispensed with, Dr. Richardson, Chairman of the Committee of Arrangements, presented the names of the following candidates for admission, by invitation, to the Association, who were duly elected:—

Dr. Jas. E. Morris, New Iberia, La.; Drs. Wm. H. Watkins, John M. Cullen, Charles H. Kelly, S. R. Hurd, C. J. Beckham, P. B. McKelvey, Wm. G. Austin, J. Bensadon, O. Anfoux, H. D. Schmidt, Fr. Loeber, S. A. Smith, of New Orleans; L. L. Henry, Henderson McFarland, J. S. Bacon, of Mississippi; Dr. C. Tucker, of Danville, Ky.; and Drs. Florence O'Donnoghue and John F. Randolph, of the U. S. A.

A paper on "Canula and the New Mode of applying Ligatures," was submitted by Dr. P. F. Eve (Tenn.), and was referred to the Section on Surgery.

Dr. J. M. Bush, of Kentucky, offered the following resolution:—

Resolved, That a committee of five members be appointed by the chair, to take into consideration the subjects alluded to in the President's address, and report at this meeting.

This resolution having been adopted, the President selected as members of the committee Dr. Farvin of Indiana, Chairman; Dr. Toner of the District of Columbia, Dr. Pollock of Pennsylvania, Dr. Welch of Texas, Dr. Seeley of Alabama.

Dr. McPheeters, of Missouri, offered a communication from the Medical Society of that State, in reference to medical education.

On motion of Dr. Toner, District of Columbia, it was referred to the special committee on that subject.

Dr. Eve offered the minutes of the Medical Society of Tennessee, which was similarly referred.

Dr. Gaillard, of Kentucky, offered the following preamble and resolutions, which were referred to the same committee:—

WHEREAS, The medical teachers of America have, after a trial of twenty-two years, failed to meet satisfactorily and efficiently the requirements of the great body of the profession in regard to medical education; and

Whereas, the condition of the profession is yearly becoming more deplorable on account of the antagonistic and objectionable policy of medical schools in making the amount of fees charged, rather than a successful teaching, the basis of competition; and

Whereas, to obtain professionally competent graduates, sound and efficient teachers are indispensably necessary; and

Whereas, such teachers, to be found throughout the country, cannot be induced to leave their homes without assurance of competent remuneration; and

Whereas, such remuneration can only be obtained by adequate fees charged, unless by a system of low fees the number of students be relied upon to make up the inevitable pecuniary deficiency; and

Whereas, reliance upon numbers of students for this purpose deplorably crowds the already overcrowded professional field, diminishing thereby individual income, judgment, experience and skill, thereby compelling practitioners to resort to other vocations as a source of supplemental income; and

Whereas, this devotion to other pursuits destroys opportunities for study and improvement, degrading thereby the status and standard of American physicians; and

Whereas, the schools of New England, New York, Pennsylvania, Maryland, Virginia, South Carolina, Georgia, Alabama, Texas, Tennessee and the District of Columbia now charge comparatively remunerative fees; and

Whereas, the low system of fees is charged only in a few of the Middle States, and can with advantage be made to conform to the rate of fees charged elsewhere; and

Whereas, it is as unethical for colleges to underbid each other pecuniarily as for practitioners to do so:—

Resolved, That hereafter no medical school in this country, other than those fully endowed, be entitled to representation in this Association, if the amount charged by such schools for a single course of regular lectures be less than one hundred and forty dollars.

Resolved, That all schools charging less than this sum are earnestly requested by this Association to advance their rate of fees to the amount mentioned.

The report of Dr. Lee, of New York, the delegate to the Association of Superintendents of Insane Asylums, was offered and referred to the Section on Psychology.

The report of Dr. Gross, of Pennsylvania, delegate to Foreign Medical Association, together with the letter to Dr. Ehrenberg, was read and referred to the Committee of Publication.

The time having arrived for consideration of the revision of plan of organization, it was, on motion, taken up, and certain changes were adopted.

A recess was taken to allow the selection of members of the Committee on Nominations.

On reassembling, the Permanent Secretary announced the following as the Committee on Nominations:—New York, J. C. Smith; Delaware, H. F. Askew; Pennsylvania, A. M. Pollack; Kentucky, H. M. Skillman; Tennessee, J. B. Lindsley; Mississippi, W. Y. Gadbury; Alabama, J. Cockran; Ohio, Jno. Townsend; Indiana, B. S. Woodworth; Illinois, T. D. Fitch; Wisconsin, H. Van Dusen; Missouri, J. S. Moore; Michigan, J. B. White; Georgia, R. D. Arnold; Louisiana, S. Logan; Texas, S. M. Welch; Minnesota, C. N. Hewitt; Arkansas, R. G. Jennings; West Virginia, W. J. Bates; Rhode Island, G. L. Collins; District of Columbia, L. W. Ritchie; United States Army, J. J. Woodward; United States Navy, F. E. Potter.

Dr. Chaille, of Louisiana, submitted a proposition for a common medical nomenclature in the United States, taking as a model an official publication on the subject by the Royal College of Physicians of London, and offered the following resolutions, which were adopted:

Resolved, That a committee of five be appointed by the President, to report, as soon as practicable, to the present session of this Association, upon the following:

1. The propriety of adopting, and using its influence to have adopted, by the entire medical profession in the United States, the provisional "Nomenclature of Diseases of the Royal College of Physicians."

2. On the practicability of having this nomenclature published in such manner as may render it easily and cheaply accessible to every member of the profession.

3. To recommend such other practical measures for the action of this Association as may be necessary to introduce this nomenclature into official (military, naval, &c.) and general use.

The Chair appointed the following gentlemen as the committee: Drs. Woodward, U. S. A., Heustis, of Alabama, F. G. Smith, of Pennsylvania, and Chaille, of Louisiana.

The reports of the Committee of Publication, and the Treasurer, were read, accepted, and referred to the Committee of Publication.

On motion the Committee on Nominations were permitted to retire for consultation.

The special order for 12 being the report on Specialists, it was read by the Secretary, and, on motion of Dr. Sayre, the resolutions were adopted and the report referred to the Committee of Publication.

[To be continued.]